

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	70591	6/10/9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MS</i>	70592	8-9

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5-1-01
2	2-3-02
3	2-14-02
4	2-14-02
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Claim	Date
Final	
Original	
51	2-3-02
52	2-14-02
53	2-14-02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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